# CHILD SUPPORT AMNESTY REQUEST FORM

Michigan Department of Human Services
RULES and INSTRUCTION SHEET

## **GENERAL INFORMATION:**

The Amnesty Program gives parents a chance to pay past-due support (arrears) without the worry of being arrested or receiving other child support enforcement penalties between October 1, 2005, through December 31, 2005. The Amnesty Program only pertains to the support arrears that you owe as of the date that you apply.

#### **RULES:**

As a parent who owes support, you have two options to be eligible for the Amnesty Program. **Option 1**: pay the total support arrears for your court order to the friend of the court with this completed form. **Option 2**: pay half of the total support arrears to the friend of the court with this completed form. Under Option 2 you agree to, and must pay the **remaining half** of the support arrears by December 31, 2005.

If you will make additional payments during the amnesty period, payments must be sent to the friend of the court and include your **name**, **case number**, and note that the payment is for the **Amnesty Program**. If an amnesty payment is sent to the Michigan State Disbursement Unit (MiSDU) and/or sent without the necessary information, the payment will not be correctly applied to your case.

If you want to apply for the Amnesty Program on more than one case, you must give a separate completed *Child Support Amnesty Request Form* and payment(s) for each case. Only the friend of the court office responsible for the enforcement of your child support case can accept amnesty payments and requests.

If you are eligible, no Michigan enforcement actions will take place on your case from October 1, 2005, through December 31, 2005. If you have an interstate case, the other state may have the ability to enforce. Income withholding orders will continue during the Amnesty Program. You will be exempt from the State Tax Refund Offset upon completion of the program. **This Amnesty Program does not forgive or reduce the amount of arrears owed except by the amount paid.** 

You cannot decide to apply for the Amnesty Program after a felony warrant is issued for your non-payment of child support. Additionally, if you are arrested on a bench warrant related to child support between October 1, 2005, and December 31, 2005, you cannot apply for the Amnesty Program.

For more information regarding the program, call 1-866-540-0008 and press option 0, or contact your friend of the court office.

### **PAYER INSTRUCTIONS:**

- Complete, sign and date this form and submit it to the friend of the court with your payment. Your
  payment must be at least half of the support arrears that you owe on the case and paid by cash or
  certified cashier's check.
- If you are sending additional amnesty payments as outlined in Option 2, you must send them to the
  friend of the court with your name, your case number, and note that the payment is for the Amnesty
  Program. The friend of the court must receive all additional amnesty payments by December 31,
  2005.

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You must give a separate form and payment for each order in which you want amnesty.

# **CHILD SUPPORT AMNESTY REQUEST FORM**

To be submitted to the friend of the court with payment

Printed Name of Payer:			
Case Numb	er:		
	e Court for nt of arrears is not included with this request, p		th any additional
	I agree to pay \$, which is all (100%) of my support arrearage as of today. From the day amnesty is given until December 31, 2005, no enforcement activities* will take place on the above-listed case.		
□ By signing to	I agree to pay \$	maining half, \$is given until December 31, 2005 lace on the above-listed case.	, by December , no
	nolding orders will continue during the Amnesty Progr complete the Amnesty Program. If you have an inters		e made when you
The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the			

Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.